

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Licensed Midwives
Certified Nurse Midwives
Birthing Centers
Managed Care Plans

Memorandum No: 04-73 MAA
Issued: October 15, 2004

For information call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Subject: Planned Home Births and Births in Birthing Centers: Fee Schedule Corrections

Retroactive to dates of service on and after July 1, 2004, the Medical Assistance Administration (MAA) is correcting the maximum allowable fees published in numbered memo 04-40 MAA for certain Planned Home Births and Births in Birthing Centers services.

Corrections to Maximum Allowable Fees

MAA used incorrect conversion factors and relative value units (RVU) in calculating the July 2004 maximum allowable fees for certain Planned Home Births and Births in Birthing Centers services. Therefore, the maximum allowable fees for these procedure codes (issued in Numbered Memorandum 04-40 MAA) were incorrect. The table on the next page contains the correct maximum allowable fees.

MAA corrected these errors in the Medicaid Management Information System (MMIS) and in the online fee schedules on July 22, 2004. These corrections are retroactive to dates of service on and after July 1, 2004. **Do not submit new claims or an adjustment form for services provided between these dates simply to correct paid rates.** MAA has made an internal adjustment to claims paid between July 1 and July 22 to pay at the correct rates.

Procedure Codes with Corrections to Maximum Allowable Fees

Procedure Code	Modifier	Corrected Maximum Allowable Fee Effective 7/1/04
59425		\$442.38
59426		776.72
90371		116.28 per each 1 ml
99212	TH	25.25
99432		76.38
99347	TH	26.98
99348	TH	45.79
99349	TH	70.96
99350	TH	103.15

Billing Instructions Replacement Pages

Attached are updated replacement pages H.1-H.6 for MAA's *Planned Home Births Pilot Project Billing Instructions*, dated July 2003 and pages F.1-F.8 of MAA's *Births in Birthing Centers Billing Instructions*, dated July 2003.


To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Bill MAA your usual and customary charge.

Fee Schedule

Due to its licensing agreement with the American Medical Associations, MAA publishes only the official, brief CPT procedure code descriptions. To view the entire description, please refer to your current CPT book.

Use the following procedure codes when billing for Planned Home Birth services:

Routine Antepartum Care			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
 Note: CPT codes 59425, 59426, or E&M codes 99211-99215 TH with normal pregnancy diagnoses V22.0-V22.2 may not be billed in combination during the entire pregnancy. Do not bill MAA for antepartum care until all antepartum services are complete.			
59425		Antepartum care, 4-6 visits. Limited to 1 unit per client, per pregnancy, per provider.	\$442.38
59426		Antepartum care, 7 or more visits. Limited to 1 unit per client, per pregnancy, per provider.	776.72
99211	TH	Office visits, antepartum care 1-3 visits, w/obstetrical service modifier. 99211 – 99215 limited to 3 units total, per pregnancy, per provider. Must use modifier TH when billing.	14.25
99212	TH	Office/outpatient visit, est	25.25
99213	TH	Office/outpatient visit, est	35.25
99214	TH	Office/outpatient visit, est	55.00
99215	TH	Office/outpatient visit, est	79.75


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Fee Schedule



Additional Monitoring			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
 Note: Midwives who provide increased monitoring for the diagnoses listed on pages E.1 and E.2 and are seen in excess of the CPT guidelines for routine antepartum care may bill using the appropriate E&M code with the modifier TH.			
99211	TH	Office/outpatient visit, est	\$14.25
99212	TH	Office/outpatient visit, est	25.25
99213	TH	Office/outpatient visit, est	35.25
99214	TH	Office/outpatient visit, est	55.00
99215	TH	Office/outpatient visit, est	79.75

Delivery (Intrapartum)			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
59400		Obstetrical care [prenatal, delivery, and postpartum care]	\$1,899.78
59409		Obstetrical care [delivery only]	943.89
59410		Obstetrical care [delivery and postpartum only]	1,056.37

Postpartum			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
59430		Care after delivery [postpartum only]	\$167.17

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Labor Management			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
 Note: Bill only when the client labors at home and is then transferred to a hospital, another provider delivers the baby, and a referral is made during active labor. One of the following diagnoses must be used 640–674.9; V22.0–V22.2; and V23–V23.9.			
 Note: Labor management may not be billed by the delivering physician. Prolonged services must be billed on the same claim form as E&M codes, along with modifier TH. One of the diagnoses listed above must be on each detail line of the claim form.			
99347	TH	Home visit, est patient	\$26.98
99348	TH	Home visit, est patient	45.79
99349	TH	Home visit, est patient	70.96
99350	TH	Home visit, est patient	103.15
+ 99354	TH	Prolonged services, 1 st hour. Limited to 1 unit.	58.72
+ 99355	TH	Prolonged services, each add'l 30 minutes. Limited to 4 units.	58.26

(+) = Add-on code

Other			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
59025		Fetal non-stress test	\$48.91
59025	TC	Fetal non-stress test	11.56
59025	26	Fetal non-stress test	37.35
36415		Drawing blood	2.45
84703		Chorionic gonadotropin assay	8.36
85013		Hematocrit	2.64
85014		Hematocrit	2.64
A4261		Cervical cap for contraceptive use	47.00
A4266		Diaphragm	45.00
57170		Fitting of diaphragm/cap	56.90
90782		Injection, sc/im	11.34
90371		Hep b ig, im [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]	116.28 per each 1 ml
J2790		Rh immune globulin	89.76
J2540		Injection, penicillin G potassium, up to 600,000 units. [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]	0.26
S0077		Injection, clindamycin phosphate, 300 mg. [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]	Acquisition Cost
J0290		Injection, ampicillin, sodium, up to 500 mg. (use separate line for each 500 mg used) [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]	1.48

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Fee Schedule

Other (cont.)			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
J1364		Injection, erythromycin lactobionate, per 500 mg. (use separate line for each 500 mg used) [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]	\$3.14
J7050		Infusion, normal saline solution, 250 cc	2.22
S5011		5% dextrose in lactated ringer's, 1000 ml.	Acquisition Cost
J7120		Ringers lactate infusion, up to 1000 cc	11.13
J2210		Injection methylergonovine maleate, up to 0.2 mg	3.67
J3475		Injection, magnesium sulfate, per 500 mg	0.20
J2590		Injection, oxytocin	1.15
J0170		Injection adrenalin, epinephrine, up to 1 ml ampule	2.10
J3430		Injection, phytonadione (Vitamin K) per 1 mg.	1.98
90708		Measles-rubella vaccine, sc	21.81
90471		Immunization admin	5.00
90472		Immunization admin, each add [List separately in addition to code for primary procedure.]	3.00
S3620		Newborn metabolic screening panel, include test kit, postage and the laboratory tests specified by the state for inclusion in this panel. [Department of Health newborn screening tests for metabolic disorders. Includes 2 tests on separate dates; one per newborn.]	60.90

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Fee Schedule

Other (cont.)			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
99401		Preventive counseling, indiv [approximately 15 minutes] Restricted to diagnoses: 648.43 (antepartum) and 648.44 (postpartum) [For Smoking Cessation only]	\$25.39
99402		Preventive counseling, indiv [approximately 30 minutes] Restricted to diagnoses: 648.43 (antepartum) and 648.44 (postpartum) [For Smoking Cessation only]	42.62
99432		Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s). Limited to one per newborn. Do not bill MAA if baby is born in a hospital.	76.38
99440		Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	90.45
92950		Cardiopulmonary resuscitation (e.g., in cardiac arrest)	113.12
S8415		Supplies for home delivery of infant. Limited to 1 per client, per pregnancy.	45.00

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Fee Schedule

Fee Schedule

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Use the following procedure codes when billing for Birthing Center services:

Routine Antepartum Care			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
 Note: CPT codes 59425, 59426, or E&M codes 99211-99215 with normal pregnancy diagnoses V22.0-V23.9 may not be billed in combination during the entire pregnancy. Do not bill MAA for antepartum care until all antepartum services are complete.			
59425		Antepartum care, 4-6 visits. Limited to 1 unit per client, per pregnancy, per provider.	\$442.38
59426		Antepartum care, 7 or more visits. Limited to 1 unit per client, per pregnancy, per provider.	776.72
99211	TH	Office visits, antepartum care 1-3 visits, w/obstetrical service modifier. 99211 – 99215 limited to 3 units total, per pregnancy, per provider. Must use modifier TH when billing.	14.25
99212	TH	Office/outpatient visit, est	25.25
99213	TH	Office/outpatient visit, est	35.25
99214	TH	Office/outpatient visit, est	55.00
99215	TH	Office/outpatient visit, est	79.75


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Fee Schedule

Additional Monitoring			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
 Note: Midwives who provide increased monitoring for the diagnoses listed on pages C.1 and C.2 and are seen in excess of the CPT guidelines for routine antepartum care may bill using the appropriate E&M code with modifier TH.			
99211	TH	Office/outpatient visit, est	\$14.25
99212	TH	Office/outpatient visit, est	25.25
99213	TH	Office/outpatient visit, est	35.25
99214	TH	Office/outpatient visit, est	55.00
99215	TH	Office/outpatient visit, est	79.75

Delivery (Intrapartum)			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
59400		Obstetrical care [prenatal, delivery, and postpartum care]	\$1,899.78
59409		Obstetrical care [delivery only]	943.89
59410		Obstetrical care [delivery and postpartum only]	1,056.37

Postpartum			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
59430		Care after delivery [postpartum only]	\$167.17



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Fee Schedule

Labor Management			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
<p> Note: Bill only when the client labors at the birthing center and is then transferred to a hospital, another provider delivers the baby, and a referral is made during active labor. One of the following diagnoses must be used 640–674.9; V22.0–V22.2; and V23–V23.9.</p> <p> Note: Labor management may not be billed by the delivering physician. Prolonged services must be billed on the same claim form as E&M codes, along with modifier TH. One of the diagnoses listed above must be on each detail line of the claim form.</p>			
99211	TH	Office/outpatient visit, est (Use when client labors at birthing center)	\$14.25
99212	TH	Office/outpatient visit, est	25.25
99213	TH	Office/outpatient visit, est	35.25
99214	TH	Office/outpatient visit, est	55.00
99215	TH	Office/outpatient visit, est	79.75
+ 99354	TH	Prolonged services, 1 st hour. Limited to 1 unit.	58.72
+ 99355	TH	Prolonged services, each add'l 30 minutes. Limited to 4 units.	58.26

(+) = Add-on code

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Fee Schedule

Births in Birthing Centers

Other			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
59020		Fetal contract stress test	\$37.41
59020	TC	Fetal contract stress test	13.83
59020	26	Fetal contract stress test	23.80
59025		Fetal non-stress test	48.91
59025	TC	Fetal non-stress test	11.56
59025	26	Fetal non-stress test	37.35
36415		Drawing blood	2.45
84703		Chorionic gonadotropin assay	8.36
85013		Hematocrit	2.64
85014		Hematocrit	2.64
A4266		Diaphragm	45.00
A4261		Cervical cap for contraceptive use	47.00
57170		Fitting of diaphragm/cap	56.90
90782		Injection, sc/im	11.34
90371		Hep b ig, im [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]	116.28 per each 1 ml
J2790		Rh immune globulin	89.76
J2540		Injection, penicillin G potassium, up to 600,000 units. [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]	0.26
S0077		Injection, clindamycin phosphate, 300 mg. [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]	Acquisition Cost

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Fee Schedule

Other (cont.)			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
J0290		Injection, ampicillin, sodium, up to 500 mg. (use separate line for each 500 mg used) [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]	\$1.48
J1364		Injection, erythromycin lactobionate, per 500 mg. (use separate line for each 500 mg used) [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]	3.14
J7050		Infusion, normal saline solution, 250 cc	2.22
S5011		5% dextrose in lactated ringer's, 1000 ml.	Acquisition Cost
J7120		Ringers lactate infusion, up to 1000 cc	11.13
J2210		Injection methylergonovine maleate, up to 0.2 mg	3.67
J3475		Injection, magnesium sulfate, per 500 mg	.20
J2590		Injection, oxytocin	1.15
J0170		Injection adrenalin, epinephrine, up to 1 ml ampule	2.10
J3430		Injection, phytonadione (Vitamin K) per 1 mg.	1.98
90708		Measles-rubella vaccine, sc	21.81
90471		Immunization admin	5.00
90472		Immunization admin, each add [List separately in addition to code for primary procedure.]	3.00

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Fee Schedule

Other (cont.)			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
S3620		Newborn metabolic screening panel, include test kit, postage and the laboratory tests specified by the state for inclusion in this panel. [Department of Health newborn screening tests for metabolic disorders. Includes 2 tests on separate dates; one per newborn.]	\$60.90
99401		Preventive counseling, indiv [approximately 15 minutes] Restricted to diagnoses: 648.43 (antepartum) and 648.44 (postpartum) [For Smoking Cessation only]	25.39
99402		Preventive counseling, indiv [approximately 30 minutes] Restricted to diagnoses: 648.43 (antepartum) and 648.44 (postpartum) [For Smoking Cessation only]	42.62
99432		Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s). Limited to one per newborn. Do not bill MAA if baby is born in a hospital.	76.38
99440		Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	90.45
92950		Cardiopulmonary resuscitation (e.g., in cardiac arrest)	113.12

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Fee Schedule

Fee Schedule for Facility Fee Payment

MAA reimburses for a facility fee for only Birthing Centers licensed by the Department of Health that have a Core Provider Agreement with MAA.

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
59409	SU	Delivery only code with use of provider's facility or equipment modifier. Limited to one unit per client, per pregnancy. Facility fee includes all room charges, equipment, supplies, anesthesia administration, and pain medication.	\$733.16
S4005		Interim labor facility global (labor occurring but not resulting in delivery). Limited to one per client, per pregnancy. May only be billed when client labors in the birthing center and then transfers to a hospital for delivery.	366.68



Note: Payments for facility use are limited to only those providers who have been approved by MAA. When modifier SU is attached to the delivery code, it is used to report the use of the provider's facility or equipment only.

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Fee Schedule

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